

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	PILING DATE	
						<b>10/089195</b>		
						APPLICANT(S)		
CLAIMS								
AB PILED	AFTER 1st AMENDMENT		AFTER 2d AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.				IND.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	13	12						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS